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CONFIRMATION NO. 4170

<b>SERIAL NUMBER</b> 10/803,080	<b>FILING or 371(c) DATE</b> 03/18/2004 <b>RULE</b>	<b>CLASS</b> 345	<b>GROUP ART UNIT</b> 2629	<b>ATTORNEY DOCKET NO.</b> IMMR-IMD0194		
<b>APPLICANTS</b> Richard L. Cunningham, Washington, DC; <span style="margin-left: 50px;">OK YHS</span> Robert Cohen, Kensington, MD;						
** CONTINUING DATA *****						
** FOREIGN APPLICATIONS *****						
** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/01/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/YONG H SIM/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance YHS Initials	<b>STATE OR COUNTRY</b> DC	<b>SHEETS DRAWINGS</b> 6	<b>TOTAL CLAIMS</b> 32	<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> IMMERSION -THELEN REID BROWN RAYSMAN & STEINER LLP P.O. BOX 640640 SAN JOSE, CA 95164-0640 UNITED STATES						
<b>TITLE</b> Medical device and procedure simulation						
<b>FILING FEE RECEIVED</b> 1400	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees		
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